

ITN

PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/799108	
	Filing Date	12 March 2004	
	First Named Inventor	Monette	
	Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	3	Attorney Docket Number	MONI-P01

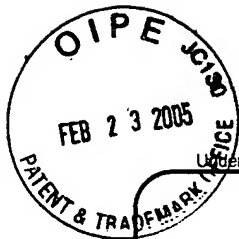
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Schox, PLC	
Signature		
Printed name	Jeffrey Schox, Esq.	
Date	17 FEB 2005	Reg. No. 42,445

CERTIFICATE OF TRANSMISSION/MAILING		
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PTO/SB/81 (11-04)
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Application Number	10799108
Filing Date	12 MARCH 2004
First Named Inventor	Monette
Title	Mailbox
Art Unit	
Examiner Name	
Attorney Docket Number	MONE-P01

I hereby revoke all previous powers of attorney given in the above-identified application.

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

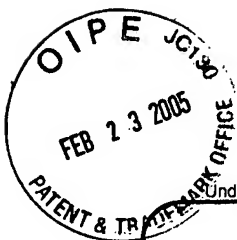
Signature	<i>Janice Monette</i>	Date	2-2-05
Name	Janice Monette	Telephone	810.364.7394
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Albert Monette

Date

2/2/05

Name

Albert Monette

Telephone

800-364-7394

Title and Company

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